

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3083 - 62-023323
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

ED JUL 6 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City, Mo</u>		c. CITY OR TOWN <u>Grandview</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Baptist Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>908 Dewey</u>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>EMMETT</u> Last <u>O'Neill</u>			4. DATE OF DEATH Month <u>6</u> - Day <u>8</u> - Year <u>62</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-29-87</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STRUCTURAL STEEL</u>	11. BIRTHPLACE (City and state or country) <u>HOT SPRINGS ARK</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>THOMAS O'NEILL</u>	13b. MOTHER'S MAIDEN NAME <u>KATHRYN BROWN</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>MRS Wm CORTEVILLE, GRANDVIEW MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u>11</u> a.m. Month <u>11</u> Day <u>25</u> Year <u>1958</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>11/25/1958</u>	20f. CITY, TOWN, OR LOCATION <u>6/8/62</u>	COUNTY <u>6/2/62</u>	STATE
21. I attended the deceased from <u>12:15</u> to <u>6/8/62</u> and last saw him alive on <u>6/2/62</u> . Death occurred at <u>12:15</u> P on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>E.H. Clark</u>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>Lickman Mills, Mo</u>	22c. DATE SIGNED <u>6/8/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-11-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	23d. LOCATION (City, town, or county) <u>KANSAS CITY MO.</u>
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24. FUNERAL DIRECTOR <u>E.K. George & Sons, Inc. Grandview Mo.</u>	ADDRESS <u>6-11-62</u>	25. DATE RECD. BY LOCAL REG. <u>6-11-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth H Long</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1
2 7002
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4 0
5 2
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7 1
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13

JUL 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sterling E. Goddard

Licensed Embalmer No. 4911

P. O. Address

Grandview Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.